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Bib Data Sheet

CONFIRMATION NO. 5040

| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|--------------------|-------|----------------|---------------------|
| 09/852,589 | 05/10/2001 RULE | 705 | 2164 | HSA-102XC1 |

APPLICANTS

Christopher T. Fey, Jacksonville, FL;
Fred W. Fey, Ponte Vedra Beach, FL;
Kathy M. Fleming, Ponte Vedra Beach, FL;
John W. Franks, Jacksonville, FL;
Paul S. Kasinski, Jacksonville, FL;
Eduardo J. Balbona, Jacksonville, FL;
Leah M. Nelms, Jacksonville, FL;
Staci J. Presley, Jacksonville, FL;

**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 09/793,238 02/26/2001
AND A CIP OF 09/792,101 02/23/2001
AND CLAIMS BENEFIT OF 60/203,291 05/11/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 07/06/2001**

| | | | | | |
|---|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY FL | SHEETS DRAWING 4 | TOTAL CLAIMS 12 | INDEPENDENT CLAIMS 5 |
| Verified and Acknowledged | Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | | | | |

ADDRESS
23557

TITLE
Method and system for genetic screening data collection, analysis, report generation and access

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|-----------------------------------|---|--|
| FILING FEE RECEIVED 500 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
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